

**UNITED STATES DISTRICT COURT**  
for the  
**District of Massachusetts**

\_\_\_\_\_  
Commonwealth of Massachusetts, et al. \_\_\_\_\_ )  
    *Plaintiff*  )  
    v.   )  
\_\_\_\_\_  
National Institutes of Health, et al. \_\_\_\_\_ )  
    *Defendant*  )  
  )

**APPEARANCE OF COUNSEL**

To: The clerk of court and all parties of record

I am admitted or otherwise authorized to practice in this court, and I appear in this case as counsel for:

the Commonwealth of Massachusetts \_\_\_\_\_ .

Date: 02/10/2025

/s/ Katherine B. Dirks  
*Attorney's signature*

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